

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
 County Registrar No. _____
 Local Registrar No. 25

No. 1 Grover Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Cortez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth Jan. 3, 1927
 Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Lauro Cortez
 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco
 (State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Attegracia Bautista
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

16. Color or race Mex.

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Zacatecas
 (State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 1 P. m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.

Address Miami, Arizona (Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Filed

Feb 7, 1927

R. E. Irwin

Local Registrar.

Registrar

Filed

19

County Registrar.

439-103-121